

BILL ANALYSIS

C.S.H.B. 1890
By: Jetton
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

In November 2020, the federal Centers for Medicare and Medicaid Services established waivers authorizing a type of hospital at home program for some patients, which allow hospitals to treat some emergency department and inpatient hospital patients from their homes. The move was aimed at expanding hospital capacity as health care organizations were inundated with COVID-19 patients. The waivers are now tied to the COVID-19 public health emergency, which is soon to expire. Hospitals need authorization to continue offering these programs, which have proven successful in cutting administrative costs while maintaining positive outcomes for patients. C.S.H.B. 1890 seeks to allow for hospitals in Texas to establish hospital at home programs under the authority of state law, and with state and federal approval, to enable hospitals to provide acute care services to patients at their home.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 1 of this bill.

ANALYSIS

C.S.H.B. 1890 amends the Health and Safety Code to provide for the operation and regulation of hospital at home programs. The bill prohibits a hospital from operating a hospital at home program unless the hospital is approved to operate the program by the federal Centers for Medicare and Medicaid Services (CMS) and the Health and Human Services Commission (HHSC). The bill defines "hospital at home program" as a program operated by a hospital to provide in a home setting health care services that are considered to be acute hospital care for purposes of the federal acute hospital care at home waiver program. The bill requires the executive commissioner of HHSC to adopt rules establishing minimum standards for the operation of a hospital at home program and requires the standards to be at least as stringent as the standards established by CMS under that waiver program.

C.S.H.B. 1890 requires an applicant for approval to operate a hospital at home program to submit an application to HHSC in the form and manner prescribed by HHSC and pay any fee that HHSC is authorized to establish for the consideration of a submitted application, which must be set in an amount that is reasonable and necessary to cover the costs of administering the bill's provisions. The bill requires HHSC to approve an application submitted by an applicant who meets the requisite standards and satisfies the requirements under the bill's provisions and authorizes HHSC to request that an applicant provide additional information necessary to determine whether the applicant meets the requisite standards after submitting the application.

C.S.H.B. 1890 authorizes HHSC by order to waive or modify a requirement or a standard established under the bill's provisions if HHSC determines that the waiver or modification will facilitate a hospital's creation or operation of a hospital at home program and is in the best interests of the individuals who are or will be served by the hospital's program. The bill establishes that certain provisions relating to the rules and minimum standards for hospital licenses apply to such a waiver or modification.

EFFECTIVE DATE

On passage, or, if the bill does not receive the necessary vote, September 1, 2023.

COMPARISON OF INTRODUCED AND SUBSTITUTE

While C.S.H.B. 1890 may differ from the introduced in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

The substitute changes the bill's effective date to provide for its possible immediate effect, contingent on receiving the requisite constitutional vote, whereas the introduced provided only for the bill to take effect September 1, 2023, with no possibility for immediate effect.